

**IN THE DISTRICT COURT IN AND FOR TULSA COUNTY  
STATE OF OKLAHOMA**

STATE OF OKLAHOMA

Plaintiff,

vs.

Defendant,

Case No(s)

Judge

Term of Probation

Offense

Hours of Service

Bruce Dwayne White

TR 99-273

Haskins

1 yr 914

Leaving Scene Accid - Veh

Sp

**TULSA COUNTY WORK PROGRAM  
(An Alternative to Incarceration)  
APPLICATION AND INFORMATION**

ADDRESS <u>1629 N. 1st</u>				CITY <u>Tulsa</u>		STATE <u>OK</u>	ZIP <u>74106</u>
HOME PHONE <u>583-0185</u>		WORK PHONE <u>242-2662</u>		MOTHER'S ADDRESS & PHONE		FATHER'S ADDRESS & PHONE	
EMPLOYER'S TITLE <u>Self</u>				SPOUSE'S NAME & PLACE OF EMPLOYMENT <u>Kim Hansen</u>			PHONE <u>583-0185</u>
RACE <u>W</u>	HEIGHT <u>6'4"</u>	WEIGHT <u>180</u>	HAIR <u>Blk</u>	EYES <u>Brn</u>	SEX <u>M</u>	SOCIAL SECURITY NO. [REDACTED]	DATE OF BIRTH [REDACTED]
FRIEND OR REFERENCE NUMBER <u>1215-0000 440-7438</u>							

**WORK PROGRAM COUNSELOR ONLY**

NUMBER OF HOURS	PP	SENT	FINES
LENGTH OF PROBATION			
COMPLETION DATE			
DO YOU HAVE ANY PHYSICAL LIMITATIONS? IF YES, WHAT IS THE NATURE OF THE LIMITATION?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
HAVE YOU EVER BEEN A PLAINTIFF IN A PERSONAL INJURY SUIT? IF YES, EXPLAIN.			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
ARE YOU NOW UNDER MEDICAL CARE?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
HAVE YOU HAD ANY INJURIES, OPERATIONS OR SERIOUS ILLNESS IN THE PAST FIVE YEARS?			
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
HAVE YOU EVER BEEN FOUND GUILTY OF A FELONY? IF YES, FOR WHAT OFFENSE?		PLACE AND DISPOSITION	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			

I hereby certify that the foregoing information is, to the best of my knowledge, true and correct, and agree not to operate any type of motorized vehicle while performing community service in this program if my license is presently suspended or revoked for any reason.

I further agree, as a condition to my participation in the program, to execute this release of liability. I hereby release the Board of County Commissioners of Tulsa County, its agents, servants, and employees for any and all liability for any injuries which I may sustain as a result of my participation in the program so long as such injuries are not a result of the acts or omissions of any employee of Tulsa County as are described in the Oklahoma Political Subdivisions Tort Claims Act, 51 O.S. §151 et seq. I specifically release the Board of County Commissioners of Tulsa County for any injuries which I may sustain as may be occasioned by those persons not affiliated with the said Board of County Commissioners.

Dated this 9 day of July, 19 99

Comments:

**DISTRICT COURT  
FILED**

JUL 15 1999

SALLY HOWE SMITH, COURT CLERK

